

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

**INSTRUCTIONS:** For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: M. & M.C. ASSOCIATES INC.  
BUSINESS STREET ADDRESS: 12401 S.W. 12 STREET, DAVIE, FLORIDA ZIP 33325  
BUSINESS MAILING ADDRESS: 12401 S.W. 12 STREET, DAVIE, FLORIDA ZIP 33325  
BUSINESS PHONE: 954-577-9527 FAX: 577-9528  
DESCRIBE TYPE OF BUSINESS: DOCKSIDE SERVICE / REPAIR BOATS  
BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>MICHEL RATTE</u>	<u>12401 S.W. 12 STREET</u>	<u>DAVIE, FL 33325</u>	<u>577-9527</u>
2. <u>MARLEYNE RATTE</u>	<u>12401 S.W. 12 STREET</u>	<u>DAVIE, FL 33325</u>	<u>577-9527</u>

Federal ID Number or Social Security Number MICHEL 592-78-2990 MARLEYNE 592-78-4967

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 99, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

MICHEL RATTE, PRESIDENT  
Print Owner or Officers Name and Title

Michel Ratte  
Signature of Owner or Officer

OFFICE USE ONLY: Date <u>2/10/99</u> Category <u>11260</u> Fee <u>157.50</u> Rec# <u></u>	
License # <u>99-12021</u>	Control # <u>10434</u>
Council approval Required <u></u> Yes <u></u> No <u></u>	Zoning Approval <u></u> Date <u></u>
Town Council Date <u>5/3/99</u>	Approved <u></u> Denied <u></u>
Tabled To <u></u>	Approved <u></u> Denied <u></u>
TOWN CLERK APPROVAL <u></u>	